

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **09-529121**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			INC.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6	1						56						
7		6					57						
8		6					58						
9		6					59						
10		6					60						
11		6					61						
12		6					62						
13		6					63						
14		6					64						
15		6					65						
16	<del>1</del>	<del>1</del>					66						
17		6					67						
18		1					68						
19		6					69						
20		6					70						
21	1						71						
22	1	1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		6					80						
31		6					81						
32		6					82						
33		6					83						
34		6					84						
35		6					85						
36		6					86						
37		6					87						
38	1	6					88						
39		6					89						
40	1						90						
41		1					91						
42		1					92						
43		1					93						
44		6					94						
45		6					95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	37	1	6				TOTAL IND.						
TOTAL DEP.	156	1	161				TOTAL DEP.						
TOTAL CLAIMS	159	2	167				TOTAL CLAIMS						

PTO-1360 (3-79)  
**163**